

interpretation to the symptoms. The sexual suggestions made by Freudian psycho-analysts to pure innocent minds as a solution of their illness is a loathsome practice and deserves the utmost censure. In another place I urged the official interference of the "high authorities" with this practice, and fortunately, and in no small degree owing to the untiring exposure made by Dr. Mercier, the representatives of this school, in this country at any rate, are a dwindling minority, and their methods are now regarded as reprehensible.

I note a letter upon this subject in your issue of January 6th from Dr. D. G. Thomson, which is somewhat difficult to understand, but I gather that he objects to the teaching of "Jung and Co." and "Bloch and Co." and "to the weak-spined Britishers who, knowing no prophets of their own, hail those from Germany in *excelsis*," whatever this may mean. He refers to "the Mind and its predominant partner, the Intellect," but I have generally understood, upon the doctrine of psycho-physical parallelism, that the predominant partner of the mind is the body! He appears to imply that the instincts and the emotions have received less attention than the intellect, and he is evidently not acquainted with the works of Lloyd Morgan, A. F. Shand, W. B. Cannon, J. Loeb, C. S. Sherrington, H. S. Jenkins, and a host of others who have worked in the field of comparative psychology.

If Dr. Thomson's letter represents the considered opinion of the Medico-Psychological Association upon the practice of psycho-analysis, as appears to be implied, it seems to be a somewhat inadequate indictment; but if, on the other hand, he is merely expressing his own views I have no further criticism.—I am, etc.,

London, S.W., Jan. 9th.

ROBERT ARMSTRONG-JONES.

SIR,—I have the misfortune to be haunted by a devil, who subjects me to innumerable small annoyances, apparently with the purpose, which he ought by this time to know is unattainable, of making me lose my temper. His favourite device is to hide my things, especially papers that I wish to refer to; but when he is not hiding my things he hovers round my pen and guides it into directions unintended by me. He is cunning enough to blind me to these inaccuracies as long as there is time and opportunity to correct them, but as soon as they are irrevocable he removes the bandage from my eyes, and lets me see them grinning at me with the fiendish mockery of their author.

There are no fewer than three such devils in my article on Psycho-analysis; and no doubt my familiar hoped that some psycho-analyst would have the intelligence to detect them and score off me, but he has credited the psycho-analysts with more acumen than they possess.

I said at the outset that the two principles of psycho-analysis are the principle of Sexuality and the principle of Conflict; but in examining the second principle I call it the existence and activity of the Unconscious. What I should have said, but for my familiar, is the existence and activity of the conflict in the Unconscious.

The second blunder has been exposed by Dr. Moon. I should no more of my own accord attribute a doctrine of Tertullian, the Father of the Church, to Quintilian, the pagan rhetorician, than I should attribute a doctrine of Van Helmont, the Dutch physician, to Van Buren, the American President. It is my familiar that is responsible.

Later I was made to speak of the superstition that Germany is pre-eminent in mental disease. This is no superstition. Germany is pre-eminent in mental disease. What I should have written if my familiar had not interfered is the superstition that Germany is pre-eminent in mental science.

Colonel Thomson's appreciation, coming as it does from the President of the Medico-Psychological Association, is most grateful to me; but if it is true that British medicine has ignored the influence of the sex instinct, the fault is assuredly not mine. In every one of my books on *Psychology*, on *Mental Diseases*, and on *Conduct*, I have given due prominence, but not undue prominence, to the important part this instinct plays in our mental constitution and our lives; and in the last-mentioned book, on *Conduct*, I have described carefully, and at length, the conflicts that occur in our minds—not in the Unconscious—between the primary instincts, which I regard not as two but as three—the sex instinct, the instinct of self-preservation, and

the racial instinct. Let the galled jade wince: my withers are unwrung.—I am, etc.,

Parkstone, Dorset, Jan. 8th.

CHAS. A. MERCIER.

SAFE ANAESTHESIA.

SIR,—Dr. Barton has performed a commendable and public-spirited act in avowing his list of casualties under chloroform, in his letter to the *BRITISH MEDICAL JOURNAL*, December 23rd, 1916. The list is a small one, but on that very account it accentuates the relative frequency of death under the lighter degrees of anaesthesia.

I note that Dr. Barton presumes that some "other factors" may have been operative as the cause of one of the deaths he reports. Now I find it frequently happens that, when the evidence of light anaesthesia is incontestable, some more or less indefinite "other factor" is saddled with the responsibility for the death of the patient instead of the chloroform. This attitude is excusable in individual cases, bearing in mind the prevailing teaching that death from chloroform is always the result of overdosage, but it is quite inexcusable in an aggregate of cases of which a common feature is an obviously underdosed condition, or at least an obvious absence of overdosage.

It is extraordinary how difficult it is to obtain recognition of clinical facts such as those Dr. Barton has related; facts which actually stare one in the face. The truth of the matter is that most of these cases are prejudged, and I venture to predict that any unbiassed common jury would give a verdict in favour of death under light anaesthesia and not from overdosage, on the common-sense evidence afforded by such records as already exist.

I will not trespass on your space, Sir, by arguing the minutiae of these cases afresh, nor will I waste words in the endeavour to elicit a response from the exponents of the overdose theory, for they appear to have wrapped themselves in the comforting mantle of dogma. I wish to urge that this question is capable of solution if only the profession will combine to thresh the matter out once for all. Thousands of pounds have been expended upon the experimental investigation of death under chloroform, and many of our most eminent scientists have spent a great deal of time and energy working at the subject, yet we are still at the crossways! And all this time the clinical evidence exists, I am persuaded, for founding a sure judgement; there must be a wealth of clinical evidence of the nature required locked away in private notebooks, a material that will never be available for scientific annotation unless an effort be made to recover it.

Ever since the administration of anaesthetics has become a speciality reports on fatalities have become increasingly infrequent, and this is quite understandable, for such reports may entail heavy financial losses to the reporters. I am firmly of the opinion that a great deal of this valuable material might be gleaned and future reports collected by an authoritative body, proceeding on lines calculated to ensure concealment of identities. The Royal College of Surgeons and the Anaesthetics Section of the Royal Society of Medicine are both closely interested in the safe administration of anaesthetics; will one or both of these bodies, acting conjointly, render a public service by the endeavour to clear up this vexed question on the lines I have suggested?—I am, etc.,

London, W., Dec. 31st, 1916.

A. G. LEVY.

X-RAY DIAGNOSIS OF GAS IN THE TISSUES.

SIR,—It is interesting to note how many independent observers have during the past three months drawn attention to the appearances of gas gangrene in skiagrams. At the October meeting of the Electro-Therapeutic Section of the Royal Society of Medicine, two papers on this subject were contributed. Mr. Martin Berry described the appearances seen at the Herbert Hospital, Woolwich, and I analysed 100 plates of gas gangrene which we had taken at the Scottish Women's Hospital, Royaumont, France, during the summer of 1916. Both papers are published in the December number of the *Archives of the Röntgen Rays*, and in the current issue of the *Proceedings of the Royal Society of Medicine*. Dr. Pech, the original radiologist at the Creil Military Hospital, France, has just published his observations in the French journal of radiology. It was Dr. Pech who first taught me the importance of these skiagrams, which can not only demonstrate the presence of gas, but in many cases also

the variety of invading anaerobe. At Royaumont we could latterly distinguish (before the bacteriological report) whether *B. perforans*, *B. sporogenes*, or the more dangerous germs, *Vibrio septique* and *B. oedematis*, were present. Warning of danger could thus frequently be given from an examination of the skiagram, even when the clinical signs at the time gave no cause for anxiety. It will be of great use to the wounded if these observations are confirmed by other radiologists. I had not read any paper on the subject when I prepared my analysis, but I had seen several gloomy prognoses made by Dr. Pech, only too soon confirmed.—I am, etc.,

London, W., Jan. 6th.

AGNES SAVILL.

COMPULSORY LATIN.

SIR,—My objection to Dr. Cow's letter was not that compulsory Latin does not ensure—or, if he prefers the phrase, make it more likely—that a medical man will spell correctly, but that the principle he seemed to be supporting was unsound.

I think it is true that a pharmaceutical chemist will criticize the practitioner who misspells prescriptions or deviates in any other way from what the chemist believes to be the proper conduct of a "gentleman." Many people do really think that the chief use of teaching the humaner letters is to indicate a class distinction.

I suggest that people who reason in this way do not deserve to be encouraged, as they might be by Dr. Cow's letter.—I am, etc.,

Loughton, Jan. 7th.

M. GREENWOOD, JUN.

SIR,—Although simply a general practitioner I should like to be allowed to tender my humble, though hearty, support to the views expressed by such eminent men, within the profession, as Sir John Moore, Dr. William Gordon, and Dr. Douglas Cow, and outside the profession, by Viscount Bryce and Professor Gilbert Murray.

I have always had to deplore my defective knowledge of the classic languages, a knowledge which, like that attributed to Shakespeare by his friend Ben Jonson, consists in "small Latin and less Greek." With the aid of the dictionary, however, I have been able to surmount most of my difficulties. I grumbled at the time I had to give to the study of these languages, but am now grateful for the benefit I feel from having done so, and wish I had been compelled to learn more.

How is it possible for a man to understand the many new terms, expressive either of disease or the treatment of disease (which are constantly being evolved from the classic tongues), without a knowledge of the tongues from which these terms are derived? I know nothing more painful than to hear a teacher misinterpret the terms he uses. I recently heard a teacher at one of the London hospitals explain to his hearers that orthopaedics was so called because it dealt with club-foot.—I am, etc.,

S. D. CLIPPINGDALE, M.D., F.R.C.S.

London, W., Dec. 16th, 1916.

SIR,—I think it will be admitted that in scientific nomenclature there are more words drawn from Greek than from Latin sources, and the student who is ignorant of the classics, and who is not cramming, must spend as much time in the mere mechanical search for the meaning of such words, even though he rely upon a condensed dictionary of derivations, as would go a long way towards the acquisition of the essential parts of both languages. And even in the study of the languages themselves an incredible amount of time is lost in looking up individual words in a dictionary. In studying Greek a man would save time who had sufficient courage to boldly attack a small lexicon from A to Ω. The constant repetition of the root words as they recur in their combinations would impress his memory if he merely read on without any effort at memorizing.

Dr. Giles's translation of the classical authors in Cornish's series, where every sentence is translated literally and word for word, would facilitate a rapid acquisition of the requisite knowledge of both languages in those who have not had the advantage of a school or college training in these subjects; and such introductions as Dr. Wm. Smith's *Imitia Graeca* and the *Principia Latina* (John Murray), to which keys are published, would enable any intelligent student in the short space of

one year, and without a master, to pass easily, in conjunction with the other subjects, any of the preliminary examinations insisted on by the older universities. Such student, should he never open a classical author from the day he passes his examination, would be sufficiently equipped with a knowledge of Greek and Latin words to facilitate the whole course of his medical curriculum. The power to read any Greek or Latin author at sight should not be the object aimed at, for, requiring long and arduous training even in the especially gifted, it is of no importance whatever as an equipment for scientific studies.

I think it was the late W. E. Gladstone who said that a single hour a day devoted to some one subject of study for one year would result in an accumulation of knowledge that would astonish any one who tried it. Hence, when so much can be accomplished in so short a time and with so little sacrifice of other subjects, it is incredible that educated men could consider for a single moment the expurgation of so incalculable an advantage as either the Greek or the Latin language as essential precursors of medical studies. Ignorance of Latin must set medical men at a lower intellectual level than chemists, who for many years to come must be able at a moment's notice to dispense Latin prescriptions from physicians of the older school, who will not set aside their prejudices to meet present day innovations.—I am, etc.,

Liverpool, Dec. 30th, 1916.

WILLIAM BRAMWELL.

THE PATHOLOGY OF CANCER.

SIR,—The letter of Mr. McAdam Eccles interests me, as his experience and opinion agree with mine. I have "never wavered in my belief" in the contagiousness of cancer, and I think every medical man in general practice could, if he pleased, produce abundant clinical evidence to confirm the belief.

I wish to cite a few cases from my own experience. Those of husband and wife, mother and daughter, successive tenants of the same house, are common enough. I know of one family whose members died from cancer as follows: Father, mother, daughter-in-law, mother of daughter-in-law, son-in-law, unmarried daughter living with married daughter who subsequently died, but whose husband, when last heard of, remained well. I know of the housekeeper, aged 60 years, addicted to eating raw oatmeal when preparing the porridge of the widower whose servant she was. She died from cancer. Shortly afterwards the widower died from an undiagnosed affection of the liver, suspected to be malignant. The house was greatly infested by mice.

A miller, the owner of a flour mill, who described himself to me as being a specialist in oatmeal, died from cancer of the rectum. He also was addicted to eating oatmeal. I have known oatmeal, when brought to the table, give forth a mouse odour, which has pervaded the whole room. On examination numerous pieces of mouse excreta were found in the porridge. There is a considerable field for the activities of the food and drug inspectors in the large and small grain stores of this country.

The amount of mouse excreta in the loose oatmeal of this country is almost equalled by the amount of grubs in the boxed oatmeal which come from overseas. The mouse-infested house in relation to cancer requires further investigation.—I am, etc.,

Luton, Jan. 8th.

JOHN BIRCH.

THE SOLDIER'S FOOT.

SIR,—In cases of metatarsalgia and of mild hallux valgus Colonel Robert Jones recommends the weight to be taken off the heads of the metatarsal bones by a bar across the sole like a football bar, but worked into the thickness of the sole. I wish to point out that the same effect can be produced with the minimum of trouble by sticking on one or more layers of ordinary Woodyatt bicycle tyre patches on the top of the sole. In fact, any building up of a boot sole which may be required can be done by means of overlapping patches of this material in a minute or two. Nobody ought, of course, to attempt to do this without a thorough understanding of the principles laid down by Colonel Robert Jones in the *JOURNAL*, May and June, 1916.—I am, etc.,

Palmerston North, New Zealand.

W. C. GREIG, M.D.